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09/13/2005 SBLIZZAR 00000001 033117 10040525

Sale Ref: 00000001 DA#: 033117 10040525

01 FC:1201 400.00 DA

02 FC:1202 300.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

VEN 14 - 001 / 101 / 165

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	23	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	23 minus 20 =	3
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	23	Minus	20
	Independent	4	Minus	3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	23	Minus	20
	Independent	4	Minus	3
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	25	Minus	23
	Independent	10	Minus	4
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY

TYPE ☐

OTHER THAN

OR

SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=	27	OR	X\$18=	
X42=	42	OR	X84=	
+140=		OR	+280=	
TOTAL	439	OR	TOTAL	

SMALL ENTITY

OR

OTHER THAN

OR

SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

RATE

ADDITIONAL FEE

RATE

ADDITIONAL FEE

X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

RATE

ADDITIONAL FEE

RATE

ADDITIONAL FEE

X\$ 9=	18.00	OR	X\$18=	
X42=	252.00	OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

Please charge \$65.00 to Deposit Account No. 03-3117 for the total fee. This paper is being submitted in duplicate.

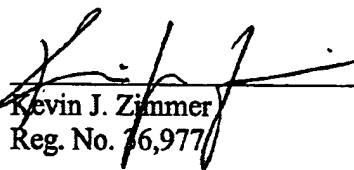
The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 03-3117.

Dated: March 20, 2002

Cooley Godward LLP
ATTN: Patent Group
Five Palo Alto Square
3000 El Camino Real
Palo Alto, CA 94306-2155
Tel: (650) 843-5000 Fax: (650) 857-0663

Respectfully submitted,
COOLEY GODWARD LLP

By:


Kevin J. Zimmer
Reg. No. 16,977

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